

Parent Permission and Health History

For Athletic Participation

Student Name: _____ Sport: _____ Grade: _____

Parent/Guardian – complete and sign NO SOONER than 30 days prior to tryouts for each sports season.

History

Does your child have:

Required medications? _____

Allergies to medications? _____

Food Allergies? _____

Environmental Allergies? _____

Recent Hospitalizations? _____

Disabilities? _____

Prosthetic Devices? _____

Past injuries

Head injury/Concussion? _____

Joint Injury? _____

Extremities? _____

Back Injury? _____

Fractures? _____

Sprains? _____

Medical Conditions

Does your child have:

Fainting Episodes _____

Headaches? _____

Asthma? _____

Issues with heat/cold? _____

Neurological problems? _____

Cardiac problems? _____

Any other conditions? _____

Please explain all "yes" answers

CONTINUED ON BACK

NYS LAW REQUIRES US TO PROVIDE YOU WITH INFORMATION ON CONCUSSIONS.

A concussion is a reaction by the brain, to a jolt or force that can be transmitted to the head by an impact of blow occurring anywhere on the body. A concussion results from the brain moving back and forth or twisting rapidly inside the skull.

Any student suspected of having a concussion either based on disclosure of a head injury, observed or reported symptoms, or by significant blow to the head or body must be removed from athletic activity and/or physical activities until observed until an evaluation can be completed by a medical provider.

Symptoms of concussion include, but are not limited to:

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| <ul style="list-style-type: none">• Amnesia (decreased or absent memory of events prior to or immediately after the injury, or difficulty retaining new information)• Confusion or appearing dazed• Headache or head pressure• Loss of consciousness• Balance difficulty or dizziness, or clumsy movements | <ul style="list-style-type: none">• Double or blurry vision• Sensitivity to light and/or sound• Nausea, vomiting, and/or loss of appetite• Irritability, sadness, or other changes in personality• Feeling sluggish, foggy, groggy, or lightheaded• Concentration or focusing problems |
|--|---|
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Students removed from school athletics activities for a suspected concussion must be evaluated by and receive written and signed authorization from a physician, along with the school's medical director in order to return to school athletic activities.

Any student diagnosed with a concussion will comply with the district's "return to play" protocol.

The district's medical director has the final authorization to clear a student to participate in or return to extra-class physical activities in accordance with 8NYCRR 135.4(c)(7)(i).

Please keep and read the FACT SHEET from the CDC.

Your signature below indicates your child has permission to try out for/play sports for the Cohoes City School District and that you have read the information on concussions.

It also indicates that we may share important medical information with your child's coach. Please feel free to contact the health office for any questions or concerns.

Parent/Guardian signature: _____ Date: _____

Student Signature: _____ Date: _____
